



City of Fort Worth Lead-Safe Program Application-Owner Occupied

Thank you for your interest in the City of Fort Worth's Lead-Safe Program. Before you begin the application process, please read this application packet. **To qualify for the Lead-Safe Program, you must meet all of the criteria listed below:**

- ☐ I am the owner of the property and agree to take part in the program
- ☐ I live in my home
- ☐ My home was built before 1978 AND is located within the City of Fort Worth
- ☐ One or more children under the age of 6 lives or spends at least 3 hours daily in the home twice a week OR at least 60 hours a year in the home OR a pregnant woman lives in the home.
- ☐ I will attend the Lead-Safe Workshop for Specialized Cleaning Techniques, On-Going Maintenance, Recognizing Lead Hazards, and Preventing Child Lead Poisoning
- ☐ Total yearly income for my household must not exceed the amount listed below:

Household size	1	2	3	4	5	6	7	8
Yearly Income	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500

The following documentation is required for a complete application:

- ☐ Completed and signed:
 - o Application Form
 - o Lead Hazard Control Blood Testing Release Form
 - o Conflict of Interest Disclosure Form
 - o Certification Form
- ☐ Proof of income (i.e. 3 check stubs, current award letter, etc.) for everyone living in the household who is 18 years old or older and has income
- ☐ Occupant Certification of Income completed and signed individually by everyone living in the household who is 18 years old or older and has no income
- ☐ Copy of applicant(s) current picture I.D.

Additional Criteria to qualify for the Program:

- ☐ Lead-Safe Program staff must do an inspection/risk assessment **AND** your home must test positive for lead-based paint hazards
- ☐ Your home must not be in need of repairs of more than \$5000 to protect Lead-Safe Program work. The need for repairs will be determined by Program Staff

E-MAIL TO: leadsafe@fortworthtexas.gov
 FAX TO: 817-392-5436
 MAIL DOCUMENTS TO: City of Fort Worth
 Lead-Safe Program
 Housing and Economic Development Department
 1000 Throckmorton St
 Fort Worth, TX 76102

Questions? Please call our office at 817-392-7444. You will be notified when your application has been reviewed.



**City of Fort Worth
Lead-Safe Program
Application-Owner Occupied**

LEAD SAFE PROGRAM APPLICATION FORM

Applicant's Name		Co-Applicant's Name	
Applicant's Social Security Number	Date of Birth	Co-Applicant's Social Security Number	Date of Birth
Applicant's Phone Number		Co-Applicant's Phone Number	
Applicant's Email Address		Co-Applicant's Email Address	
Address (Number, Street, City, Zip)			Year Home was Built (if known)
<p>Please list the children under the age of six (6) who live in your home or visit twice a week for three hours at a time or 60 hours yearly. Then indicate how much time the child spends at your home; also, check the box below only if there is a <u>pregnant woman</u> living your home:</p> <p>Name_____ Date of Birth_____</p> <p>Child lives in my home____ OR (circle all that apply) Child visits my home every S M T W Th F S for ____ hours a day</p> <p>Name_____ Date of Birth_____</p> <p>Child lives in my home____ OR (circle all that apply) Child visits my home every S M T W Th F S for ____ hours a day</p> <p><input type="checkbox"/> A pregnant woman lives in my home.</p>			

I understand that my home must test positive for lead hazards and my home must not be in need of repairs of more than \$5000 to protect Lead-Safe Program work; The City of Fort Worth will determine whether my home is in need of repairs.

I certify that the information I am providing is true and correct and is subject to verification at anytime. also acknowledge that if I provide false information, I will be subject to the penalties of perjury under Federal, State, and local law.

Warning: Title 18, Section 1001 of the U.S. Code Sates that a Person is Guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Applicant Signature

Co-Applicant Signature

Date

Date

- **If someone other than the applicant has prepared this application, that person must sign below.**

Prepared by: _____

Date: _____



City of Fort Worth Lead-Safe Program Application-Owner Occupied

Applicant's Name: _____ Co-Applicant's Name: _____

Check ALL that apply:

Ethnicity:

☐ Non-Hispanic

☐ Hispanic

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific

Islander

☐ White

☐ Other _____

Check ALL that apply:

Ethnicity:

☐ Non-Hispanic

☐ Hispanic

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific

Islander

☐ White

☐ Other _____

Please list everyone living in the home and their income; if they have income submit the copy of income documents with this application, if they have no income they must fill out page 3 and return it with this application:

Name	Date of Birth	Monthly Income	Proof of Income Included
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information I am providing is true and correct and is subject to verification at anytime. I also acknowledge that if I provide false information, I will be subject to the penalties of perjury under Federal, State, and local law.

Warning: Title 18, Section 1001 of the U.S. Code States that a Person is Guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Applicant Signature

Date

Co-Applicant Signature

Date

▪ If someone other than the applicant has prepared this application, that person must sign below.

Prepared by: _____

Date: _____



**City of Fort Worth
Lead-Safe Program
Application-Owner Occupied**

**Lead-Safe Program
Occupant Certification of Income**

Everyone living in the home/rental unit age 18 or older MUST fill out this form if they have no income to report.

Occupant Name: _____ Age: _____

Address: _____ Fort Worth, TX 761_____

Phone Number: _____ Relationship to Property Owner: _____

I have no income due to the following situation:

Certification:

I certify that the information I am providing is true and could be subject to verification at anytime by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Signature of Occupant

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

For use by funding agency:

Certification Reviewed By: _____ Date: _____

Need more copies of this form? Give the Lead-Safe Program a call at 817-392-7444 or email at leadsafe@fortworthtexas.gov to have more sent to you.



**City of Fort Worth
Lead-Safe Program
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LEAD HAZARD CONTROL BLOOD TESTING RELEASE FORM

(To be Filled Out by Parent and/or Legal Guardian Only)

It is suggested that **all children under the age of six (6)** have their blood lead level tested prior to hazard control work in your home. The Lead-Safe Program is required to test for lead poisoning by an intravenous (blood draw) test; a finger stick is NOT accepted as a form of testing. If your children have not received a blood test in the past six (6) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

Please list all your children younger than six (6):

Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____

Please check one of the boxes below:

- ☐ My children under the age of six (6) have had their blood lead levels tested in the past six (6) months. By checking this box, you will be responsible for getting the blood test results and submitting them to the Lead-Safe Program.
- ☐ My children under the age of six (6) have **not** had their blood lead levels tested in the past six (6) months and I agree to have them tested at this time. Remember, the test method must be by blood draw, not finger stick.
 - ☐ I have insurance or Medicaid to pay for the blood test.
 - ☐ I do not have insurance or Medicaid to pay for the blood test, and I would like the Lead-Safe Program to pay for the blood test.
- ☐ For religious and/or personal reasons, I choose **NOT** to have my children tested for lead.

Parent OR Guardian's Signature

Date

LEAD-SAFE WORKSHOP

In order for any lead hazard reduction work to be done on owner-occupied property, Owners must attend a Lead-Safe Workshop. The workshop will educate Homeowners on how to recognize lead hazards in the future, clean and maintain a home/unit with lead-based paint and health effects of lead exposure on members of the household. By signing below you are agreeing to attend a Lead-Safe Workshop.

Applicant

Date

Co-Applicant

Date

PUBLIC INFORMATION ACKNOWLEDGEMENT

By signing below, I understand that all information I give to Program Staff, except for social security numbers, medical information and possibly income, will be subject to federal, state and local government privacy laws, and may be released to the public if requested.

Applicant Signature

Date

Co-Applicant Signature

Date



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CONFLICT OF INTEREST DISCLOSURE APPLICANT / PROSPECTIVE APPLICANT FORM:

Thank you for your interest in the affordable housing programs offered by the City of Fort Worth. These programs are funded through federal grant funds from the U.S. Department of Housing and Urban Development (HUD), and are governed by the Code of Federal Regulations, 24 CFR 92.356 and 24 CFR 570.611. These regulations prohibit participation in some programs by any person who exercises, or who has exercised, any functions or responsibilities with respect to these federal grant funds. The persons affected include city employees, elected or appointed officials, or agents or consultants of the City. This limitation also applies to immediate family members of any such persons who exercise or have exercised functions or responsibilities with respect to these grant funds, including immediate family members of employees, elected or appointed officials, and agents or consultants.

Our office is requesting the following information in order to comply with the above regulatory requirements. Please complete this form, sign it, and return it to the City of Fort Worth Housing and Economic Development Department at your earliest convenience.

NAME: _____ ADDRESS: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

PROGRAM ASSISTANCE REQUESTED: **LEAD-SAFE PROGRAM**

1) Are you employed by the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department and Division?:		
2) Are any members of your immediate family currently employed by the City of Fort Worth? (<i>"Immediate Family" includes (whether by blood or adoption): the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide relatives' name(s), Department(s), and Division(s):		
If No, were any members of your immediate family employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department(s) and which Division(s):		
3) Are you an elected or appointed official, or agent or consultant, of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the immediate family member of an elected or appointed official, or agent or Consultant of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, provide Name/Contact for Elected/Appointed Official, Agent/Consultant:		

Certification: I understand and agree that the City may contact the office of the above-designated official, agent or consultant, or my supervisor, or my immediate family member's supervisor, in order to determine whether any of these persons' employment or official functions are or were related to the City's use of federal grant funds from HUD in the past year. **I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of perjury under Federal, State and local law.**

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____